

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

XX Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

| | | |
|----------|--------------------|---|
| STATE | <u>Texas</u> | A |
| DATE | <u>AUG 15 1995</u> | |
| DATE | <u>JAN 12 1996</u> | |
| DATE | <u>JUL 01 1995</u> | |
| HCFA 177 | <u>95-24</u> | |

TN No. 95-24
Superseded
TN No. 93-07 Approval Date JAN 12 1996 Effective Date: JUL 01 1995